

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 7/07/03.

I. DISPUTE

Whether there should be reimbursement for dates of service 11/29/01 through 6/26/03. The Requestor on 1/22/04, submitted a withdrawal for CPT code 99274 for date of service 11/29/01. Also withdrawn was CPT code 99214 for dates of service 12/10/01 thru 6/26/03. Neither the Requestor nor the Respondent submitted an Explanation of Benefits (EOBs). Therefore, this dispute will be reviewed using the 1996 Medical Fee Guideline.

II. FINDINGS

The Requestor is asking for reimbursement of prescription medications for dates of service 1/02/02 thru 11/12/02 (___; listed on Table of Disputed Services but no documentation in the dispute packet), 1/03/02 thru 6/28/02 (___), and 6/07/01 thru 4/30/02 (___). TWCC Rule 133.307(d) states, "Timeliness. A person or entity who fails to timely file a request waives the right to medical dispute resolution. The commission shall deem a request to be filed on the date the division receives the request, and timeliness shall be determined as follows: (1) A request for medical dispute resolution on a carrier denial or reduction of a medical bill pursuant to §133.304 of this title (relating to Medical Payments and Denials) or an employee reimbursement request shall be considered timely if it is filed with the division no later than one (1) year after the date(s) of service in dispute." Therefore, these dates of service are not eligible for review.

III. RATIONALE

Prescription Medications from ---- date of service 7/08/02 thru 8/7/02

The Requestor submitted a "Record of Medical Expenses from ___". However, no dollar amounts are listed for the prescriptions for the above listed dates of service. Based on Rule 133.307(f)(2), proof of employee payment must be submitted. The Requestor did not submit receipts showing payment to the pharmacy. Therefore, no reimbursement is recommended.

Prescription Medications from ---- date of service 8/20/02 thru 10/25/02

The Requestor submitted a "Record of Medical Expenses from ___" showing out of pocket expenses by the Requestor. Prescription medications included:

08/20/02 – Hydroco/APAP 7.5-500 tab; \$23.97

08/21/02 – Amitriptylin 50mg; \$11.62

08/27/02 – Hydroco/APAP 7.5-500 tab; \$23.97

08/31/02 – Hydroco/APAP 7.5-500 tab; \$24.32
09/06/02 - Hydroco/APAP 7.5-500 tab; \$56.54
09/13/02 – Atenolol 50mg tab; \$13.78
09/16/02 – Tramadol 50 mg tab; \$48.78
09/16/02 – Amitriptylin 50 mg tab; \$11.62
09/25/02 – Tramadol 50 mg tab; \$92.68
09/26/02 – Hydroco/APAP 7.5-500 tab; \$29.88
10/25/02 – Hydroco/APAP 7.5-500 tab; \$29.88
10/25/02 – Tramadol 50 mg tab; \$60.72

As a part of their response, the Respondent submitted a peer review from ____ and dated 12/18/00. The peer review states, "...treatment with Ambien, Remeron, Topamax, Desyrel, Zanaflex, Duragesic patch, Clonodin, Wellbutrin, Nueroutin and Gabitril is not medically necessary and reasonable as related to the compensable injury." However, the prescription medications purchased by the Requestor were not listed in the peer review. No other peer reviews or EOBs were submitted. On this basis, reimbursement is recommended in the amount of \$427.76.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is entitled to reimbursement for prescription medications in the amount of \$427.76. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit \$427.76 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd